To: Board of Education West Valley Central School District 5359 School Street West Valley, NY 14171

Claim Invoice

Form 84 Rev. 3/01

Vendor: Address City, State,Zip		(716) 942-3100 (716) 942-3440
Detailed invoices ma	y be attached and totals entered on this claim form. Certifications bel	ow must be signed.
Purchase Invoice		
Order No. Number	Description of Items	Amount
		Total \$
Business Office Use		
Code	Check Amount	
Total		
Vendor must sign this certificate. This is to certify that the materials and/or services charged and included in the above claim amounting to \$ have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges therefore are true and just, and that no payments have been made therefor except as included therein.		
Signature of Claiman	t Title	// Date
Approval of School Official Originating Claim: I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate, and that the work has been completed and/or the materials delivered satisfactorily.		
Date:/Signature of Immediate Supervisor		